

# Los Angeles County Sheriff's Department

## Officer Involved Shooting

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Report Date: 04/01/16		Bureau/Station/Facility: South Patrol Division/Lakewood Station		Admin. Invest? <input type="checkbox"/> Hit? <input checked="" type="checkbox"/>	
<b>Incident Information</b>					
URN: 014-20194-1365-013		Date: 10/27/14		Time: 1437	
City or Station: Lakewood Station		Nature of Incident: Deputy Bryan Moreno responded to the location regarding a fight call. He attempted to detain Oscar Ramirez at gunpoint when a deputy involved shooting occurred. Suspect is deceased.			
Location: 14608 Paramount Boulevard, Paramount					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other: RR Tracks		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights  Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain  Distance: 10 feet		Incident Type (check one or more): <input type="checkbox"/> Accidental <input type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input checked="" type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Total # of Shots Fired by Deputy: 8		Total # of Shots Fired by Suspect: 0		Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input checked="" type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input type="checkbox"/> Two Person Unit  Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol  Aero Unit? <input type="checkbox"/> Canine Unit? <input type="checkbox"/>	
<b>Employee Witnesses</b>					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	Hancock	Kenneth	L.	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
	Abbot	Michael	J.	<input type="checkbox"/> EM <input type="checkbox"/> PM <input checked="" type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
				<input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day	<input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
<b>Non-Employee Witnesses</b>					
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
Last Name		First Name		M.I.	
Street Address		City	Zip Code	Work Ph	Home Ph
<b>Supervisors</b>					
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Maese	Thomas		<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
	Meza	Jorge	A.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
<b>Watch Sergeant</b>					
Employee #	Last Name	First Name	M.I.		
	Reveles	Jose	I.		
<b>Watch Commander</b>					
Employee #	Last Name	First Name	M.I.		
	Lindblom	Eric	R.		

**PSTD Use Only**

SH # 2369175



# Officer Involved Shooting Involved Employee Information

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Involved Employee										
<b>E 1</b>	Employee #		Last Name			First Name		M.I.		
			Moreno			Bryan		R		
	Sex: <b>M</b>	Race: <b>H</b>	Rank: <b>Deputy Sheriff</b>		Unit Assignment: <b>Lakewood Station</b>		Work Assignment (Unit #, Module, etc.): <b>132E</b>			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: <b>8</b>		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age: <b>5'08"</b>		Height: <b>175</b>		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand: <b>Beretta</b>		Caliber: <b>9mm</b>		# Shots: <b>8</b>		Weapons Fired Brand:		Caliber: <b># Shots</b>	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
<b>E</b>	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: <b># Shots</b>	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
<b>E</b>	Employee #		Last Name			First Name		M.I.		
	Sex:	Race:	Rank:		Unit Assignment:		Work Assignment (Unit #, Module, etc.):			
	ShiftTime (circle only one): <input type="checkbox"/> EM <input type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input type="checkbox"/>	
	Hrs of sleep prior to shooting:		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:		Height:		Weight:					
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used? <input type="checkbox"/>		Patrol Certification? <input type="checkbox"/>		Certification Unit:		Prior Shootings? <input type="checkbox"/>		Number of Prior Shootings: <input type="checkbox"/>	
	Weapons Fired Brand:		Caliber:		# Shots:		Weapons Fired Brand:		Caliber: <b># Shots</b>	
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

# Officer Involved Shooting Suspect Information

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Suspect Information														
S 1	Last Name			Ramirez			First Name		Oscar		M.I.	A		
	AKA Last Name						First Name				M.I.			
	Sex:	M	Race:	Hispanic	Street Address:		City:		State & Zip Code:					
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:							
	Age:	28	D.O.B.	06/15/86	Height:	6'00"	Weight:	185	FBI #			CII #		
	Booking #		Primary Charge:				Secondary Charge:							
	Coroner Case?		<input checked="" type="checkbox"/>		Coroner Case #		2014-07330		Intoxication/Drug Usage?		<input checked="" type="checkbox"/>		Substance Used:	Marijuana, Methamphetamine
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>		Criminal History?	
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:			
	S	Last Name						First Name				M.I.		
AKA Last Name						First Name				M.I.				
Sex:			Race:		Street Address:		City:		State & Zip Code:					
Work Phone:		Home Phone:		Social Security #:		Driver's License #:								
Age:			D.O.B.		Height:		Weight:		FBI #			CII #		
Booking #		Primary Charge:				Secondary Charge:								
Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:		
Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>		Criminal History?	<input type="checkbox"/>	
Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:				
S		Last Name						First Name				M.I.		
	AKA Last Name						First Name				M.I.			
	Sex:		Race:		Street Address:		City:		State & Zip Code:					
	Work Phone:		Home Phone:		Social Security #:		Driver's License #:							
	Age:		D.O.B.		Height:		Weight:		FBI #			CII #		
	Booking #		Primary Charge:				Secondary Charge:							
	Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:	
	Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>		Criminal History?	<input type="checkbox"/>
	Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:			
	S	Last Name						First Name				M.I.		
AKA Last Name						First Name				M.I.				
Sex:			Race:		Street Address:		City:		State & Zip Code:					
Work Phone:		Home Phone:		Social Security #:		Driver's License #:								
Age:			D.O.B.		Height:		Weight:		FBI #			CII #		
Booking #		Primary Charge:				Secondary Charge:								
Coroner Case?		<input type="checkbox"/>		Coroner Case #				Intoxication/Drug Usage?		<input type="checkbox"/>		Substance Used:		
Armed?		<input type="checkbox"/>		Apprehended?		<input type="checkbox"/>		Mental Illness?		<input type="checkbox"/>		Criminal History?	<input type="checkbox"/>	
Vehicle Make		Model:		Year:		Parole:		Probation:		Prior Felony Conviction:				

**Los Angeles County Sheriff's Department**

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Non-Employee Witnesses					
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	
Last Name		First Name		M.I.	
Street Address		Zip Code	Work Ph	Home Ph	